

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

1. Print in ink except:
2. Copying fee form and report to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70813, (225) 343-7777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form; if you add employees to those you represent, or if you cease all activities for drug registration, it must be submitted within 10 days of any terminations of the payment of former customers.

MAIL TO: Adams and Reese L.L.P. Alisha M.
Title: Paralegal First: Alisha Middle: M.**FOR OFFICE USE ONLY**Postmark Date: 6-5-08Supplack**1072397**3. BUSINESS PHONE: (225)-336-52003. BUSINESS ADDRESS: 600 Laurel Street, Suite 1900 Baton Rouge, LA 70801
Street and No.: 600 Laurel Street City: Baton Rouge State: LA Zip: 70801MAIL TO: Adams and Reese L.L.P. SAME
Street and No.: 600 Laurel Street City: Baton Rouge State: LA Zip: 708014. EMPLOYER: Adams and Reese L.L.P.5. EMPLOYER ADDRESS: SAME
Street and No.: 600 Laurel Street City: Baton Rouge State: LA Zip: 708016. Have you ceased or terminated lobbying activities requiring registration? Yes NO

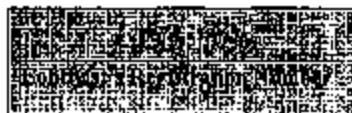
7. LIST BELOW (a) change, if any, to groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether someone else, client or someone else, pays you to lobby; and (e) the date of termination (if applicable).

1. Name: Adams and Reese L.L.P.Address: 642 S. Shady Grove Road* Memphis, TN 38120Business purpose: Transportation

New Address and
Does this person pay you? NO

Name of lobbyist: Adams and Reese L.L.P.

One month NO continuation of NO

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

At law firm _____

Business or purpose _____

New Representative
Does this person pay you? _____

If no who pays you? _____

Terminated Representation as of _____

3. Name _____

At law firm _____

Business or purpose _____

New Representative
Does this person pay you? _____

If no who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

Signature of Lobbyist: